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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 10/14/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine and Rehabilitation

Description of the service or services in dispute:

Chronic Pain Management Program

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx when she fell injuring her left knee. The patient required surgery for the left knee in October 2014 and was treated with post-operative physical therapy. The patient has attended individual psychotherapy in the past and has completed the first 80 hours of a chronic pain management program through 08/19/15. The reassessment for chronic pain management dated 08/19/15 noted no substantial changes in the patient's fear avoidance behaviors. The patient's rating of pain was not substantially changed. There was no specific reassessment of the patient's functional improvements. The patient continued to have moderate angst of moderate depression and mild anxiety. The patient's ODI scores were improved by less than 10 percentage points. The pre-program physical performance evaluation from 06/23/15 noted the patient was able to work with restrictions. The most recent physical performance evaluation from 08/17/15 still felt the patient could return to work with restrictions. No substantial changes of the in the evaluation were noted. The reconsideration report for chronic pain management still noted patient's physical demand level was set at medium at a medium physical demand level. The requested additional chronic pain management sessions were denied by utilization review as there was no significant subjective or objective gains to for the further warrant participation in an interdisciplinary chronic pain management program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The review of the patient's chronic pain management reassessment report noted very minimal improvement with the program. The patient still had high levels of pain and no substantial change in overall perceived disability. Patient's FABQ scores were not substantially changed and there was no significant improvement in both BAI or BDI assessments. The patient has not had any substantial change in overall functional demand levels and at this point would still be able to return to work with restrictions. Given the lack of any substantial documented improvement with the previous chronic pain management program at 80 hours, it is this reviewer's opinion that further sessions in the program would not be supported as medically necessary by guidelines. Therefore the prior denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)